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CONFIRMATION NO. 3087

SERIAL NUMBER 10/603,317	FILING DATE 06/25/2003 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. ETH1690CIP
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/367,497 02/15/2003
 which claims benefit of 60/416,114 10/04/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/09/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 1	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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08933-7003

TITLE

Antimicrobial packaged medical device and method of preparing same

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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